

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known)

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Amparo

First name

Middle name

Ruiz

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

**Amparo Ricardo Ruiz
Amparo Ruiz Ricardo**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-0171

Debtor 1 Amparo Ruiz

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 yearsInclude trade names and *doing business as* names**About Debtor 1:** I have not used any business name or EINs.

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live**1430 Sombrero Drive
Apartment 4
Las Vegas, NV 89169**

Number, Street, City, State & ZIP Code

Clark

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Amparo Ruiz

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Amparo Ruiz

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Amparo Ruiz**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 Amparo Ruiz

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.			
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>		
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
/s/ Amparo Ruiz <u>Amparo Ruiz</u> Signature of Debtor 1	Signature of Debtor 2
Executed on <u>June 6, 2019</u> MM / DD / YYYY	Executed on _____ MM / DD / YYYY

Debtor 1 Amparo Ruiz

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page./s/ David L. Tanner, Esq. #
Signature of Attorney for Debtor

Date

June 6, 2019

MM / DD / YYYY

David L. Tanner, Esq. # 002366

Printed name

Law Offices of Layne F. Barney, Esq.

Firm name

**800 North Rainbow Boulevard - Suite #134
Las Vegas, NV 89107**

Number, Street, City, State & ZIP Code

Contact phone 702-580-6999

Email address

tannerlaw@aol.com**# 002366 NV**

Bar number & State

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEVADA	
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 12,207.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 12,207.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 9,377.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 9,377.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 74,095.21
		Your total liabilities \$ 83,472.21

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 2,335.78
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,335.78

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Amparo Ruiz

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>2,107.87</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1

Amparo Ruiz

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number

 Check if this is an amended filing**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: Chevrolet
 Model: Cobalt
 Year: 2007
 Approximate mileage: 158099
 Other information:
2007 Chevy Cobalt the value is approx. \$2600.00. She has a title loan with Title Max but is going to surrender the vehicle.

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$2,600.00 \$2,600.00

3.2 Make: Ford
 Model: Freestar
 Year: 2005
 Approximate mileage: 139888
 Other information:

**Location: 1430 Sombrero Drive
 Apartment 4, Las Vegas NV
 89169**

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$2,500.00 \$2,500.00

Debtor 1 Amparo Ruiz

Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$5,100.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Furniture and Furnishings**Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169****\$1,200.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

Wearing Apparel, Shoes, Uniforms**Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169****\$800.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

Costume Jewelry, Watch**Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169****\$250.00**

Debtor 1 Amparo Ruiz

Case number (if known) _____

13. **Non-farm animals***Examples:* Dogs, cats, birds, horses

No
 Yes. Describe.....

14. **Any other personal and household items you did not already list, including any health aids you did not list**

No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,250.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. **Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

MOUNTAIN AMERICA FCU XXXXXXXX9765**Checking****Location: 1430 Sombrero Drive Apartment 4,
Las Vegas NV 89169****\$40.00**17.1. **Checking****MOUNTAIN AMERICA FCU XXXXXXXX9765
savings****Location: 1430 Sombrero Drive Apartment 4,
Las Vegas NV 89169****\$15.00**17.2. **Savings**18. **Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them

Issuer name:

21. **Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account:

Institution name:

Debtor 1 Amparo Ruiz

Case number (if known) _____

401(k)	Flamingo Hilton 401(k)	\$1,300.00
--------	------------------------	------------

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Form 1040 for Tax year 2019 Refund (to be determined / not yet filed)
Location: 1430 Sombrero Drive
Apartment 4, Las Vegas NV 89169

Federal**\$3,500.00****29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Debtor 1 Amparo Ruiz

Case number (if known) _____

Company name: _____

Beneficiary: _____

Surrender or refund
value: _____**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$4,855.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

**1 Dog "Arena Diaz:, 2 years old, Rescue adoption. Chihuahua
Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169**

\$2.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$2.00

Debtor 1 Amparo Ruiz

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$5,100.00	
57. Part 3: Total personal and household items, line 15	\$2,250.00	
58. Part 4: Total financial assets, line 36	\$4,855.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$2.00	
62. Total personal property. Add lines 56 through 61...	\$12,207.00	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$12,207.00

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEVADA</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2007 Chevrolet Cobalt 158099 miles 2007 Chevy Cobalt the value is approx. \$2600.00. She has a title loan with Title Max but is going to surrender the vehicle. Line from <i>Schedule A/B</i> : 3.1	\$2,600.00	<input checked="" type="checkbox"/> \$2,600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)
2005 Ford Freestar 139888 miles Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169 Line from <i>Schedule A/B</i> : 3.2	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(f)
Furniture and Furnishings Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169 Line from <i>Schedule A/B</i> : 6.1	\$1,200.00	<input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(b)
Wearing Apparel, Shoes, Uniforms Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169 Line from <i>Schedule A/B</i> : 11.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(b)

Debtor 1 **Amparo Ruiz**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Costume Jewelry, Watch Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169 Line from Schedule A/B: 12.1	<u>\$250.00</u>	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(a)
Checking: MOUNTAIN AMERICA FCU XXXXXXXX9765 Checking Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169 Line from Schedule A/B: 17.1	<u>\$40.00</u>	<input checked="" type="checkbox"/> \$40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(g)
Savings: MOUNTAIN AMERICA FCU XXXXXXXX9765 savings Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169 Line from Schedule A/B: 17.2	<u>\$15.00</u>	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)
401(k): Flamingo Hilton 401(k) Line from Schedule A/B: 21.1	<u>\$1,300.00</u>	<input checked="" type="checkbox"/> \$1,300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(r)
Federal: Form 1040 for Tax year 2019 Refund (to be determined / not yet filed) Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169 Line from Schedule A/B: 28.1	<u>\$3,500.00</u>	<input checked="" type="checkbox"/> \$3,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(aa)
1 Dog "Arena Diaz: 2 years old, Rescue adoption. Chihuahua Location: 1430 Sombrero Drive Apartment 4, Las Vegas NV 89169 Line from Schedule A/B: 53.1	<u>\$2.00</u>	<input checked="" type="checkbox"/> \$2.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEVADA	
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Acima Credit FKA SIMPLE	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Acima Credit FKA SIMPLE Creditor's Name	Sofa (2) Sectional and Floor Lamp order 0121622 lease 802622	\$3,756.00	\$300.00	\$3,456.00
	9815 S MONROE ST - Floor 4 Sandy, UT 84070 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			

Date debt was incurred **2017
November** Last 4 digits of account number **XX80**

Debtor 1 **Amparo Ruiz**

First Name

Middle Name

Last Name

Case number (if known) _____

2.2 **Furniture World Superstores**

Creditor's Name

**2625 S Maryland Pkwy
Las Vegas, NV 89109**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

**Furniture World Superstores
2625 S Maryland Pkwy, Las Vegas,
NV 89109
256 West Data Dr, Draper, UT 84020
Progressive Leasing, Address**

\$2,121.00

\$0.00

\$2,121.00

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Bed, Side Tables and MirrorDate debt was incurred **2018**Last 4 digits of account number **5198**2.3 **Title Max Title Loans**

Creditor's Name

**1225 E Charleston Blvd
Las Vegas, NV 89104**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

**2007 Chevrolet Cobalt 158099 miles
2007 Chevy Cobalt the value is approx. \$2600.00. She has a title loan with Title Max but is going to surrender the vehicle.**

\$3,500.00

\$2,600.00

\$900.00

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Date debt was incurred **2017**Last 4 digits of account number **Ruiz Amparo**Add the dollar value of your entries in Column A on this page. Write that number here: **\$9,377.00**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: **\$9,377.00****Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code
**Furniture World / Progressive Finance
256 West Data Drive
Draper, UT 84020**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number _____

Debtor 1 **Amparo Ruiz**

First Name

Middle Name

Last Name

Case number (if known) _____

Name, Number, Street, City, State & Zip Code

Progressive Leasing
256 West Data Drive
Draper, UT 84020On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1

Amparo Ruiz

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number

(if known)

 Check if this is an amended filing**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	Argon Agency Inc Nonpriority Creditor's Name 8668 W. Spring Mountain Road Las Vegas, NV 89117 Number Street City State Zip Code	Last 4 digits of account number	XXXX	\$325.00
		When was the debt incurred?	3/2018 Medical UMC	
As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.				
<p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input type="checkbox"/> Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				
<p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical UMC</p>				

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.2	Acima Credit FKA SIMPLE Nonpriority Creditor's Name 9815 S MONROE ST - FL 4 Sandy, UT 84070 Number Street City State Zip Code	Last 4 digits of account number <u>1622</u>	\$3,756.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2/2014</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Credit card purchases BOXXXX 80 order 0121622 lease 802622 \$3,756.00	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>lease 802622 \$3,756.00</u>	
4.3	Ad Astra Recovery Svcs. Inc. Nonpriority Creditor's Name 8918 West 21 Street N - Suite 200 PMB 303 Wichita, KS 67205-1880 Number Street City State Zip Code	Last 4 digits of account number <u>610X</u>	\$2,276.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2015</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	AD ASTRA RECOVERY Balance SERVICES Balance Updated Account Number 746610X	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>RAPID CASH 5</u>	
4.4	AT&T Mobility Nonpriority Creditor's Name P O Box 537104 Atlanta, GA 30353-7104 Number Street City State Zip Code	Last 4 digits of account number <u>5592</u>	\$4,341.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2016</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify <u>Utility Services</u>	

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.5	Banfield Pet Hospital Nonpriority Creditor's Name PO Box 64378 Saint Paul, MN 55164 Number Street City State Zip Code	Last 4 digits of account number <u>XXXX</u>	\$496.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>			
4.6	Best Buy/Retail Services Nonpriority Creditor's Name POB 80045 Salinas, CA 93912-0045 Number Street City State Zip Code	Last 4 digits of account number <u>4217</u>	\$8,693.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>			
4.7	Capital One Nonpriority Creditor's Name POB 60599 City Of Industry, CA 91716-0599 Number Street City State Zip Code	Last 4 digits of account number <u>7805</u>	\$0.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
RESURGENT/LVNV FUNDING (866) 464-1183 PO BOX 1269 GREENVILLE, SC 29602 <input checked="" type="checkbox"/> Other. Specify <u>COLLECTION FOR CAPITAL ONE</u>			

Debtor 1 Amparo Ruiz

Case number (if known)

4.8	Chase /CHASE CARD Nonpriority Creditor's Name Cardmember Services P O Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code	Last 4 digits of account number <u>XXXX</u>	\$1,945.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2012</u>	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>PO BOX 15298 WILMINGTON,DE 19850</u>	
4.9	Comenity Bank Nonpriority Creditor's Name 120 Corporate Blvd. Suite 100 Norfolk, VA 23502 Number Street City State Zip Code	Last 4 digits of account number <u>XXXX</u>	\$848.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2016</u>	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	Credit Card Purchases / Duplicate Debt / for Notice only	
4.1 0	Comenity Bank Nonpriority Creditor's Name 120 Corporate Blvd. Suite 100 Norfolk, VA 23502 Number Street City State Zip Code	Last 4 digits of account number <u>XXXX</u>	\$847.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2016 585637XXXXXXXXXX</u>	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	Credit Card Purchases / Duplicate Debt / for Notice only	

Debtor 1 Amparo Ruiz

Case number (if known) _____

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 1</div> COMENITY BANK/ BUCKLE Nonpriority Creditor's Name P O Box 182273 Columbus, OH 43218-2273 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No	Last 4 digits of account number <u>XXXX</u> \$559.00 When was the debt incurred? <u>2014</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
Customer Care Address Comenity Bank PO Box 182273 Columbus, OH 43218-2273	
<input type="checkbox"/> Yes ■ Other. Specify <u>Dignity Health</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 2</div> Dignity Health Nonpriority Creditor's Name St. Rose Dominican, Siena Campus 3001 St. Rose Pkwy. Henderson, NV 89052 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No	
Last 4 digits of account number <u>6893</u> \$70.00 When was the debt incurred? <u>2016</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Medical Dignity Health – St. Rose Dominican, Siena Campus 3001 St. Rose Pkwy. Henderson, NV 89052	
<input type="checkbox"/> Yes ■ Other. Specify <u>Dignity Health</u>	

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.1
3

**DIVERSIFIED CONSULTANTS/ATT
MOBILITY**
Nonpriority Creditor's Name
**10550 DEERWOOD PK BLVD
STE 309
Jacksonville, FL 32256**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number 02XX\$11,565.00When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection Services ATT MOBILITY
(800) 771-5361 743502XX 2014
10550 DEERWOOD PARK BLVD
309 JACKSONVILLE, FL 32256 11,565.00

 Yes Other. Specify ATT MOBILITY4.1
4**Furniture World Superstores**

Nonpriority Creditor's Name

**2625 S Maryland Pkwy
Las Vegas, NV 89109**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number 5198\$2,121.00When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Furniture World Superstores
2625 S Maryland Pkwy, Las Vegas, NV
89109

 Yes Other. Specify 256 West Data Dr, Draper, UT 84020
Progressive Leasing, Address

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.1
5**I C SYSTEM INC/BANFIELD PET HOSPITAL**

Nonpriority Creditor's Name

PO BOX 64378**Saint Paul, MN 55164**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Last 4 digits of account number 79XX\$867.00When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

(888) 735-0516
I C SYSTEM INC
PO BOX 64378 SAINT PAUL,
MN 55164

 Yes Other. Specify BANFIELD PET HOSPITAL4.1
6**JCPENNY/SYNCB/JC PENNEY DC**

Nonpriority Creditor's Name

PO Box 965007**Orlando, FL 32898**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0889\$3,541.00When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit card purchases

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.1
7**Macy's/DSNB**

Nonpriority Creditor's Name

**PO Box 8218
Mason, OH 45040-8218**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number XXXX\$1,501.00When was the debt incurred? 09/27/2014

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**(800) 243-6552
PO BOX 8218 MASON, OH
45040 441042XXXXXX
Charge Card Individual 09/27/2014
Account charged off. \$1,501**

 Yes Other. Specify4.1
8**Portfolio Recovery Assoc**

Nonpriority Creditor's Name

**Riverside Commerce Center
120 Corporate Blvd - Suite #100
Norfolk, VA 23502-4962**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number XXXX\$549.00When was the debt incurred? 08/14/2018

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**PORTFOLIO RECOVERY
ASSOCIATES 585637XXXXXXXXXX
Debt Buyer : COMMENITY BANK 08/14/2018
Collection account. \$549 past due as of Feb
2019.**

 Yes Other. Specify

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.1
9**Progressive Claims Claim No.**
18-4900546

Nonpriority Creditor's Name

Attn: MONET IRBY Loss date:**12/29/2017****P O Box 512929****Los Angeles, CA 90051**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0546**\$14,945.21**

When was the debt incurred?

12/29/2017

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Claim No. 18-4900546 loss date: 12/29/2017**

4.2
0**Progressive Claims Claim No.**
18-4900546

Nonpriority Creditor's Name

Attn: MONET IRBY Loss date:**12/29/2017****Subrogation Payment Processing Center****24344 Network Place Chicago, IL 60673-1243**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number

0546**Unknown**

When was the debt incurred?

12/29/2017

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

For Notice only**Subrogation Payment Processing Center****24344 Network Place Chicago, IL****60673-1243.****Claim No. 18-4900546 lossdate:12/29/2017****MONET IRBY****Claims Department 1-877-818-0139****Fax: 1-888-781-6947** Yes Other. Specify

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.2
1**Resurgent Capital Svcs**

Nonpriority Creditor's Name

**P O Box 1269
Greenville, SC 29602**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number XXXX\$3,875.00When was the debt incurred? 08/20/2018

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

RESURGENT/LVNV FUNDING**(866) 464-1183****PO BOX 1269 GREENVILLE, SC****29602****■ Other. Specify COLLECTION FOR CAPITAL ONE** Yes4.2
2**Sprint**

Nonpriority Creditor's Name

**P O Box 7949
Overland Park, KS 66207-0949**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

 YesLast 4 digits of account number 1283\$1,861.00When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Utility Services

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.2
3**St. Rose Dominican -**

Nonpriority Creditor's Name

P O Box 101072**Pasadena, CA 91189-1072**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number 6893\$70.00When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Medical

Dignity Health – St. Rose Dominican, Siena Campus
3001 St. Rose Pkwy.
Henderson, NV 89052

 Yes Other. Specify Dignity Health4.2
4**Sun Loan**

Nonpriority Creditor's Name

1008 East Charleston Blvd - Suite 4
Las Vegas, NV 89104

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number ruiz XXXXX\$1,079.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Note Loan Individual 02/06/2018

Account charged off. \$940
written off. \$1,079 (702) 383-8188
1008 E CHARLESTON BLVD #
4 LAS VEGAS, NV 89104

 Yes Other. Specify 4 LAS VEGAS, NV 89104

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.2
5**SUNRISE CREDIT SERVICES**

Nonpriority Creditor's Name

**234 AIRPORT PLAZA BLVD
Suite 4
Farmingdale, NY 11735**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number

3XXX**\$1,861.00**

When was the debt incurred?

05/16/2018

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Payday Loan / Deferred Deposit Loan**SUNRISE CREDIT SERVICES****741283XXX \$1,861 Phone Number (BOO)
645-9824****Address 234 AIRPORT PLAZA BLVD
STE 4 FARMINGDALE, NY** Yes Other. Specify

XXXXXXX

XXXXXXX

XXXXXXX

XXXXXX

\$0.004.2
6**SUNRISE CREDIT SERVICES**

Nonpriority Creditor's Name

**234 AIRPORT PLAZA BLVD
Suite 4
Farmingdale, NY 11735**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

XXXXXXX

XXXXXXX

XXXXXXX

XXXXXX

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **For Notice only**

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.2
7**SYNCB/JC PENNEYS**

Nonpriority Creditor's Name

**PO Box 965007
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number XXXX**\$3,541.00**When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

SYNCB/JCPENNEY**■ Other. Specify 600889XXXXXXXXXX**4.2
8**SYNCB/Sam's Club**

Nonpriority Creditor's Name

**PO Box 965036
Orlando, FL 32896-5036**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No

Last 4 digits of account number XXXX**\$1,391.00**When was the debt incurred? 10/19/2017

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

SYNCB/SAMS CLUB 604599XXXXXXXXXX**Charge Card Individual 10/19/2017****■ Other. Specify Account charged off. \$1,391**4.2
9**University Medical Center**

Nonpriority Creditor's Name

**P O Box 749556
Los Angeles, CA 90074-9556**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 7610**\$325.00**When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify 397610XXXX aargon collection

Debtor 1 Amparo Ruiz

Case number (if known) _____

4.3 0	Victoria Secrets/ADS/COMENITY Nonpriority Creditor's Name P O Box 182787 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$847.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 2013	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
		Credit card purchases PO BOX 182789 COLUMBUS, OH 43218	
		■ Other. Specify _____	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Aargon Collection Agency 8668 W. Spring Mountain Road Las Vegas, NV 89117	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address Aargon Collection Agency 8668 W. Spring Mountain Road Las Vegas, NV 89117-4113	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address Acima Credit FKA SIMPLE 9815 S MONROE ST - Floor 4 Sandy, UT 84070	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address Ad Astra Recovery Svcs. Inc. 7330 West 33rd Street N - Suite 118 Wichita, KS 67205	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address Ad Astra Recovery Svcs. Inc. 7330 West 33rd Street N - Suite 118 Wichita, KS 67205	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address Ad Astra Recovery Svcs. Inc. 8918 West 21 Street N - Suite 200 Wichita, KS 67205-1880	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address Ad Astra Recovery Svcs. Inc. 3611 N Ridge Rd # 104 Wichita, KS 67205-1214	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

Debtor 1 **Amparo Ruiz**

Case number (if known) _____

Name and Address

AT&T
P O Box 5025
Carol Stream, IL 60197-5025

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AT&T
P O Box 5025
Carol Stream, IL 60197-5025

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AT&T / DIRECT TV
PO Box 5014
Carol Stream, IL 60197-5014

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AT&T / DIRECT TV
PO Box 5014
Carol Stream, IL 60197-5014

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AT&T Mobility
P O Box 537104
Atlanta, GA 30353-7104

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AT&T Mobility
CLOSING BILL COLLECTION UNIT
P O Box 10330
Fort Wayne, IN 46851-0330

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AT&T Mobility
CLOSING BILL COLLECTION UNIT
P O Box 10330
Fort Wayne, IN 46851-0330

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Best Buy**PO Box 78009**
Phoenix, AZ 85062-8009

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Best Buy/Retail Services
PO Box 5253
Carol Stream, IL 60197-5253

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Best Buy/Retail Services
PO BOX 6497
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Best Buy/Retail Services
POB 30253
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Capital One

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 Amparo Ruiz

Case number (if known) _____

**P O Box 30281
Salt Lake City, UT 84130** Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
POB 60599
City Of Industry, CA 91716-0599**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
P O Box 650007
Dallas, TX 75265-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
P.O. Box 60599
City of Industry, CA 91716-0599**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
PO Box 30253
Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
1680 Capital One Drive
Mc Lean, VA 22102**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
10700 Capital One Way
Glen Allen, VA 23060**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
POB 5253
Carol Stream, IL 60197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
POB 5253
Carol Stream, IL 60197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
P O Box 30281
Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Capital One
P O Box 1259
Greenville, SC 29602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Chase /CHASE CARD
Cardmember Services
P O Box 15298
Wilmington, DE 19850-5298**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Amparo Ruiz**

Case number (if known) _____

Name and Address

Comenity Bank
P O Box 182789
Columbus, OH 43218-2789

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Comenity Bank
P O Box 183003
Columbus, OH 43218-3003

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Comenity Bank
P O Box 659450
San Antonio, TX 78265-9450

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Comenity Bank
P O Box 182120
Columbus, OH 43218-2120

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

COMENITY BANK
P O Box 182789
Columbus, OH 43218-2789

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Comenity Bank
P O Box 659450
San Antonio, TX 78265-9450

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Comenity Bank
P O Box 182120
Columbus, OH 43218-2120

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Comenity Bank
P O Box 183003
Columbus, OH 43218-3003

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Comenity Bank
P O Box 659450
San Antonio, TX 78265-9450

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

COMENITY BANK
P O Box 182789
Columbus, OH 43218-2789

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Comenity Bank
120 Corporate Blvd. Suite 100
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

COMENITY BANK
220 W Schrock Rd
Westerville, OH 43081-2873

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Amparo Ruiz**

Case number (if known) _____

Last 4 digits of account number	
Name and Address Comenity Bank P O Box 182789 Columbus, OH 43218-2789	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Comenity Bank - BK Department PO Box 182273 Columbus, OH 43218-2273	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.30</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Comenity Bank - BK Department PO Box 182273 Columbus, OH 43218-2273	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Comenity Bank - BK Department PO Box 182273 Columbus, OH 43218-2273	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address COMENITY BANK/ BUCKLE P O Box 182273 Columbus, OH 43218-2273	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address COMENITY BANK/VTRSSEC P O Box 182789 Columbus, OH 43218-2789	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.30</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Comenity Capital Bank PO Box 182120 Columbus, OH 43218	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Comenity Capital Bank Credit Card Payments/Card Services P.O. Box 13337 Philadelphia, PA 19101-3337	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Dignity Health P O Box 57125 Los Angeles, CA 90074-7125	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.23</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address DIVERSIFIED CONSULTANTS P O Box 551268 Jacksonville, FL 32255-1268	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.13</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Furniture World / Progressive Finance 256 West Data Drive Draper, UT 84020	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Debtor 1 Amparo Ruiz

Case number (if known) _____

Name and Address

**JCPENNY/SYNCB/JC PENNEY DC
PO Box 965005
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**JCPENNY/SYNCB/JC PENNEY DC
PO Box 965009
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**JCPENNY/SYNCB/JC PENNEY DC
PO Box 965036
Orlando, FL 32896-5036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**JCPENNY/SYNCB/JC PENNEY DC
PO Box 965036
Orlando, FL 32896-5036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**LVNV
PO Box 10585
Greenville, SC 29603-0585**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Macy's
PO Box 78008
Phoenix, AZ 85062-8008**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Macy's
PO Box 9001094
Louisville, KY 40290-1094**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Macy's
PO Box 78029
Phoenix, AZ 85062-8029**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Macys/DSNB
PO Box 8218
Mason, OH 45050**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Macys/DSNB
PO Box 8218
Mason, OH 45040-8218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Macys/DSNB
PO Box 8061
Mason, OH 45040-8061**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Progressive Claims
Claim No. 18-4900546 loss date:
12/29/20**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 Amparo Ruiz

Case number (if known) _____

**P O Box 512929
Los Angeles, CA 90051**

Last 4 digits of account number

dateName and Address
**Progressive Leasing
256 West Data Drive
Draper, UT 84020**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Rapid Cash
PO Box 780408
Wichita, KS 67278**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Rapid Cash
5676 South Eastern Ave
Las Vegas, NV 89119**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Rapid Cash
4921 West Sahara Avenue
Las Vegas, NV 89146**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Rapid Cash
PO Box 101928
Dept. 2280
Birmingham, AL 35210**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Resurgent Capital Svcs
P O Box 10390
Greenville, SC 29603-0390**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Resurgent Capital Svcs
P O Box 1269
Greenville, SC 29602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Resurgent Capital Svcs
P O Box 10390
Greenville, SC 29603-0390**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Sprint
234 Airport Plaza Blvd - Suite 4
Farmingdale, NY 11735**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Sprint . Enhanced Recovery
8014 BayBerry Road
Jacksonville, FL 32256**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**St. Rose Dominican -
3001 St. Rose Pkwy
Henderson, NV 89052**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 Amparo Ruiz

Case number (if known) _____

Name and Address
St. Rose Dominican - De Lima
P O Box 57124
Los Angeles, CA 90074-7124

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Sun Loan
2470 E. Tropicana Avenue - Suite F
Las Vegas, NV 89121

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Sun Loan
1600 N. Nellis, Ste. 104
Las Vegas, NV 89115

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Sun Loan
2470 E. Tropicana Avenue
Las Vegas, NV 89121

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Sun Loan
4755 West Flamingo Road - Suite B
Las Vegas, NV 89103

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
SYNCB/JC PENNEYS
PO Box 965036
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
SYNCB/JC PENNEYS
PO Box 965009
Orlando, FL 32896-5009

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
SYNCB/JC PENNEYS
PO Box 960090
Orlando, FL 32896-0090

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
SYNCB/JC PENNEYS
PO Box 965036
Orlando, FL 32896-5036

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
SYNCB/Sam's Club
PO Box 965005
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
SYNCB/Sam's Club
PO Box 965036
Orlando, FL 32896-5036

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
SYNCHRONY BANK
P O Box 965036
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Amparo Ruiz

Case number (if known) _____

Last 4 digits of account number	
Name and Address SYNCHRONY BANK P O Box 965015 Orlando, FL 32896	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address SYNCHRONY BANK P O Box 965036 Orlando, FL 32896-8254	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address SYNCHRONY BANK P O Box 965015 Orlando, FL 32896	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address SYNCHRONY BANK P O Box 965015 Orlando, FL 32896	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Synchrony Bank c/o PRA Receivables Management PO Box 41021 Norfolk, VA 23541	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address UMC SOUTHERN NEVADA 1800 W CHARLESTON BLVD LAS VEGAS, NV 89102	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address UMC SOUTHERN NEVADA 417 Bridge Street Danville, VA 24541-1403	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address UMC SOUTHERN NEVADA 1800 W CHARLESTON BLVD LAS VEGAS, NV 89102-2329	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address UMC SOUTHERN NEVADA 1800 W CHARLESTON BLVD LAS VEGAS, NV 89102	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.29</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address UMC SOUTHERN NEVADA 417 Bridge Street Danville, VA 24541-1403	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.29</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address UMC SOUTHERN NEVADA - Customer Service 901 Rancho Lane - Suite 100 LAS VEGAS, NV 89102-2329	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Debtor 1 **Amparo Ruiz**

Case number (if known) _____

Name and Address
**UMC SOUTHERN NEVADA -
Customer Service
901 Rancho Lane - Suite 100
LAS VEGAS, NV 89102-2329**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.29** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**University Medical Center
P O Box 749556
Los Angeles, CA 90074-9556**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**University Medical Center
P O Box 749556
Los Angeles, CA 90074-9556**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**University Medical Center EMPG
P O Box 749556
Los Angeles, CA 90074-9556**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**University Medical Center EMPG
P O Box 749556
Los Angeles, CA 90074-9556**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**University Medical Center EMPG
P O Box 749556
Los Angeles, CA 90074-9556**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.29** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Victoria Secrets
P O Box 182125
Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.30** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Victoria Secrets
P O Box 182125
Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.30** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Victoria Secrets
P O Box 182125
Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.30** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Victoria Secrets
P O Box 182789
Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.30** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Victoria Secrets
P O Box 182125
Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.30** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Debtor 1 Amparo Ruiz

Case number (if known) _____

Total claims from Part 1

6a. Domestic support obligations	6a. \$ 0.00
6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e. Total Priority. Add lines 6a through 6d.	6e. \$ 0.00

Total claims from Part 2

6f. Student loans	6f. \$ 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 74,095.21
6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 74,095.21

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEVADA		
Case number (if known)			

Check if this is an
amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	Acima Credit FKA SIMPLE 9815 S MONROE ST - Floor 4 Sandy, UT 84070	Debtor will Return Furniture Leased from Acima
2.2	Furniture World Superstores 2625 S Maryland Pkwy Las Vegas, NV 89109	Debtor will Return Furniture Leased from Furniture World Superstores

Fill in this information to identify your case:

Debtor 1

Amparo Ruiz

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number

(if known)

 Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

 Schedule D, line

 Schedule E/F, line

 Schedule G, line

Number

Street

State

ZIP Code

3.2

Name

 Schedule D, line

 Schedule E/F, line

 Schedule G, line

Number

Street

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF NEVADA
Case number (if known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Housekeeping	
Employer's name	Hilton Resorts Corporation	
Employer's address	Hilton Grand Vacations at the Flamingo. 3575 Las Vegas Boulevard South Las Vegas, NV 89109	

How long employed there? **5-May-2015**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 2,892.50	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 2,892.50	\$ N/A

Debtor 1 Amparo Ruiz

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <u>2,892.50</u>	\$ <u>N/A</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>472.33</u>	\$ <u>N/A</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N/A</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>N/A</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>35.10</u>	\$ <u>N/A</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>N/A</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N/A</u>
5g. Union dues	5g. \$ <u>49.29</u>	\$ <u>N/A</u>
5h. Other deductions. Specify: _____	5h.+ \$ <u>0.00</u> + \$ _____	\$ <u>N/A</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>556.72</u>	\$ <u>N/A</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>2,335.78</u>	\$ <u>N/A</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>N/A</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N/A</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>N/A</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N/A</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N/A</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>N/A</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N/A</u>
8h. Other monthly income. Specify: _____	8h.+ \$ <u>0.00</u> + \$ _____	\$ <u>N/A</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>0.00</u>	\$ <u>N/A</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>2,335.78</u> + \$ <u>N/A</u> = \$ <u>2,335.78</u>	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u>2,335.78</u>	
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No.	
	<input type="checkbox"/> Yes. Explain: _____	
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF NEVADA
Case number	
(If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
 Yes. Fill out this information for
 Debtor 2.

Do not state the
 dependents names.

Dependent's relationship to
 Debtor 1 or Debtor 2

Daughter

Dependent's age

12

Does dependent
 live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
 the value of such assistance and have included it on Schedule I: Your Income
 (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **600.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	35.00
4d. \$	0.00
5. \$	0.00

Debtor 1 <u>Amparo Ruiz</u>	Case number (if known)
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>122.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>55.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>289.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	
7. \$ <u>645.00</u>	
8. Childcare and children's education costs	
8. \$ <u>210.00</u>	
9. Clothing, laundry, and dry cleaning	
9. \$ <u>120.00</u>	
10. Personal care products and services	
10. \$ <u>0.00</u>	
11. Medical and dental expenses	
11. \$ <u>45.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	
12. \$ <u>65.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	
13. \$ <u>22.00</u>	
14. Charitable contributions and religious donations	
14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>120.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	
16. \$ <u>0.00</u>	
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	
18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	
19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	
21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>2,328.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>2,328.00</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,328.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>2,335.78</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,328.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>7.78</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEVADA		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Amparo Ruiz

Amparo Ruiz

Signature of Debtor 1

Date June 6, 2019

X

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEVADA		
Case number (if known)			

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:**Dates Debtor 1
lived there****Debtor 2 Prior Address:****Dates Debtor 2
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$11,138.88	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

Debtor 1 Amparo Ruiz

Case number (if known) _____

Debtor 1		Debtor 2	
Sources of income	Gross income (before deductions and exclusions)	Sources of income	Gross income (before deductions and exclusions)
Check all that apply.		Check all that apply.	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$29,918.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

For last calendar year: (January 1 to December 31, 2018)	\$29,918.00	For the calendar year before that: (January 1 to December 31, 2017)	\$29,036.00
		<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income	Gross income from each source (before deductions and exclusions)	Sources of income	Gross income (before deductions and exclusions)
Describe below.		Describe below.	

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 Amparo Ruiz

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
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10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?** No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 Amparo Ruiz

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Law Offices of David L. Tanner, Esq. 800 North Rainbow Boulevard - Suite #134 Las Vegas, NV 89107 tannerlaw@aol.com	Attorney Fees	6/6/2018	\$345.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

Debtor 1 Amparo Ruiz

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Amparo Ruiz

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 Amparo Ruiz

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Amparo RuizAmparo Ruiz

Signature of Debtor 1

Signature of Debtor 2Date June 6, 2019

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Amparo Ruiz		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEVADA		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name:

Acima Credit FKA SIMPLE

name:

Description of property securing debt:

Sofa (2) Sectional and Floor Lamp order 0121622 lease 802622

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Creditor's name:

Furniture World Superstores

name:

Description of property securing debt:

Furniture World Superstores 2625 S Maryland Pkwy, Las Vegas, NV 89109 256 West Data Dr, Draper, UT 84020 Progressive Leasing, Address

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Creditor's name:

Title Max Title Loans

Surrender the property.

No

Debtor 1 Amparo Ruiz

Case number (if known) _____

name: _____

 Retain the property and redeem it. Yes

Description of property **2007 Chevrolet Cobalt 158099 miles**
 securing debt: **2007 Chevy Cobalt the value is approx. \$2600.00. She has a title loan with Title Max but is going to surrender the vehicle.**

Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]: _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**Lessor's name: **Acima Credit FKA SIMPLE** No YesDescription of leased Property: **Debtor will Return Furniture Leased from Acima**Lessor's name: **Furniture World Superstores** No YesDescription of leased Property: **Debtor will Return Furniture Leased from Furniture World Superstores****Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Amparo Ruiz**Amparo Ruiz**

Signature of Debtor 1

X

Signature of Debtor 2

Date June 6, 2019

Date _____

United States Bankruptcy Court
District of Nevada

In re Amparo Ruiz

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>360.00</u>
Prior to the filing of this statement I have received	\$ <u>0.00</u>
Balance Due	\$ <u>360.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 6, 2019

Date

/s/ David L. Tanner, Esq. #

David L. Tanner, Esq. # 002366

Signature of Attorney

Law Offices of Layne F. Barney, Esq.

800 North Rainbow Boulevard - Suite #134

Las Vegas, NV 89107

702-580-6999 Fax: 702-948-5006

tannerlaw@aol.com

Name of law firm

**United States Bankruptcy Court
District of Nevada**

In re Amparo Ruiz

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: June 6, 2019

/s/ Amparo Ruiz

Amparo Ruiz

Signature of Debtor

Amparo Ruiz
1430 Sombrero Drive
Apartment 4
Las Vegas, NV 89169

David L. Tanner, Esq. #
Law Offices of Layne F. Barney, Esq.
800 North Rainbow Boulevard - Suite #134
Las Vegas, NV 89107

Aargon Agency Inc
Acct No 397610XXXX
8668 W. Spring Mountain Road
Las Vegas, NV 89117

Aargon Collection Agency
Acct No 397610XXXX
8668 W. Spring Mountain Road
Las Vegas, NV 89117

Aargon Collection Agency
Acct No 397610XXXX
8668 W. Spring Mountain Road
Las Vegas, NV 89117-4113

Acima Credit FKA SIMPLE
Acct No BOXXXX 80
9815 S MONROE ST - Floor 4
Sandy, UT 84070

Acima Credit FKA SIMPLE
Acct No order 0121622
9815 S MONROE ST - FL 4
Sandy, UT 84070

Acima Credit FKA SIMPLE
Acct No order 0121622
9815 S MONROE ST - Floor 4
Sandy, UT 84070

Acima Credit FKA SIMPLE
9815 S MONROE ST - Floor 4
Sandy, UT 84070

Ad Astra Recovery Svcs. Inc.
Acct No xxx610X
8918 West 21 Street N - Suite 200
PMB 303
Wichita, KS 67205-1880

Ad Astra Recovery Svcs. Inc.
Acct No xxx610X
7330 West 33rd Street N - Suite 118
Wichita, KS 67205

Ad Astra Recovery Svcs. Inc.
Acct No xxx610X
3611 N Ridge Rd # 104
Wichita, KS 67205-1214

Ad Astra Recovery Svcs. Inc.
Acct No xxx610X
8918 West 21 Street N - Suite 200
Wichita, KS 67205-1880

AT&T
Acct No 743502XX
P O Box 5025
Carol Stream, IL 60197-5025

AT&T
Acct No 5592
P O Box 5025
Carol Stream, IL 60197-5025

AT&T / DIRECT TV
Acct No 743502XX
PO Box 5014
Carol Stream, IL 60197-5014

AT&T / DIRECT TV
Acct No 5592
PO Box 5014
Carol Stream, IL 60197-5014

AT&T Mobility
Acct No 5592
P O Box 537104
Atlanta, GA 30353-7104

AT&T Mobility
Acct No 743502XX
P O Box 537104
Atlanta, GA 30353-7104

AT&T Mobility
Acct No 743502XX
CLOSING BILL COLLECTION UNIT
P O Box 10330
Fort Wayne, IN 46851-0330

AT&T Mobility
Acct No 5592
CLOSING BILL COLLECTION UNIT
P O Box 10330
Fort Wayne, IN 46851-0330

Banfield Pet Hospital
Acct No 916879xxxx
PO Box 64378
Saint Paul, MN 55164

Best Buy
Acct No xxxxxxxx4217
PO Box 78009
Phoenix, AZ 85062-8009

Best Buy/Retail Services
Acct No xxxxxxxx4217
POB 80045
Salinas, CA 93912-0045

Best Buy/Retail Services
Acct No xxxxxxxx4217
PO Box 5253
Carol Stream, IL 60197-5253

Best Buy/Retail Services
Acct No xxxxxxxx4217
POB 30253
Salt Lake City, UT 84130

Best Buy/Retail Services
Acct No xxxxxxxx4217
PO BOX 6497
Sioux Falls, SD 57117

Capital One
Acct No xx7805
POB 60599
City Of Industry, CA 91716-0599

Capital One
Acct No 517805XXXXXXXXXX
P O Box 30281
Salt Lake City, UT 84130

Capital One
Acct No 517805XXXXXXXXXX
POB 60599
City Of Industry, CA 91716-0599

Capital One
Acct No 517805XXXXXXXXXX
POB 5253
Carol Stream, IL 60197

Capital One
Acct No 517805XXXXXXXXXX
P O Box 650007
Dallas, TX 75265-0007

Capital One
Acct No 517805XXXXXXXXXX
PO Box 30253
Salt Lake City, UT 84130

Capital One
Acct No 517805XXXXXXXXXX
10700 Capital One Way
Glen Allen, VA 23060

Capital One
Acct No 517805XXXXXXXXXX
1680 Capital One Drive
Mc Lean, VA 22102

Capital One
Acct No 517805XXXXXXXXXX
P.O. Box 60599
City of Industry, CA 91716-0599

Capital One
Acct No xx7805
P O Box 30281
Salt Lake City, UT 84130

Capital One
Acct No xx7805
POB 5253
Carol Stream, IL 60197

Capital One
Acct No xx7805
P O Box 1259
Greenville, SC 29602

Chase /CHASE CARD
Acct No 426684XXXXXXXXXX
Cardmember Services
P O Box 15298
Wilmington, DE 19850-5298

Comenity Bank
Acct No 585637XXXXXXXXXX
120 Corporate Blvd. Suite 100
Norfolk, VA 23502

Comenity Bank
Acct No 585637XXXXXXXXXX
P O Box 182789
Columbus, OH 43218-2789

Comenity Bank
Acct No 585637XXXXXXXXXX
P O Box 183003
Columbus, OH 43218-3003

Comenity Bank
Acct No 585637XXXXXXXXXX
P O Box 182120
Columbus, OH 43218-2120

Comenity Bank
Acct No 585637XXXXXXXXXX
P O Box 659450
San Antonio, TX 78265-9450

COMENITY BANK
Acct No 585637XXXXXXXXXX
220 W Schrock Rd
Westerville, OH 43081-2873

Comenity Bank - BK Department
Acct No 585637XXXXXXXXXX
PO Box 182273
Columbus, OH 43218-2273

COMENITY BANK/ BUCKLE
Acct No 585637XXXXXXXXXX
P O Box 182273
Columbus, OH 43218-2273

COMENITY BANK/VCTRSSEC
Acct No 585637XXXXXXXXXX
P O Box 182789
Columbus, OH 43218-2789

Comenity Capital Bank
Acct No 585637XXXXXXXXXX
PO Box 182120
Columbus, OH 43218

Comenity Capital Bank
Acct No 585637XXXXXXXXXX
Credit Card Payments/Card Services
P.O. Box 13337
Philadelphia, PA 19101-3337

Dignity Health
Acct No 63356893
St. Rose Dominican, Siena Campus
3001 St. Rose Pkwy.
Henderson, NV 89052

Dignity Health
Acct No xxxx6893
P O Box 57125
Los Angeles, CA 90074-7125

DIVERSIFIED CONSULTANTS
Acct No 743502XX
P O Box 551268
Jacksonville, FL 32255-1268

DIVERSIFIED CONSULTANTS/ATT MOBILITY
Acct No 743502XX
10550 DEERWOOD PK BLVD
STE 309
Jacksonville, FL 32256

Furniture World / Progressive Finance
Acct No 15198
256 West Data Drive
Draper, UT 84020

Furniture World / Progressive Finance
Acct No 15198
256 West Data Drive
Draper, UT 84020

Furniture World Superstores
Acct No 15198
2625 S Maryland Pkwy
Las Vegas, NV 89109

Furniture World Superstores
Acct No 15198
2625 S Maryland Pkwy
Las Vegas, NV 89109

Furniture World Superstores
2625 S Maryland Pkwy
Las Vegas, NV 89109

I C SYSTEM INC/BANFIELD PET HOSPITAL
Acct No 916879XX
PO BOX 64378
Saint Paul, MN 55164

JCPENNY/SYNCB/JC PENNEY DC
Acct No 600889
PO Box 965007
Orlando, FL 32898

JCPENNY/SYNCB/JC PENNEY DC
Acct No xxxxxxxxxxxxxxxxXXXX
PO Box 965005
Orlando, FL 32896

JCPENNY/SYNCB/JC PENNEY DC
Acct No 600889
PO Box 965036
Orlando, FL 32896-5036

JCPENNY/SYNCB/JC PENNEY DC
Acct No 600889
PO Box 965009
Orlando, FL 32896

LVNV
Acct No 517805XXXXXXXX
PO Box 10585
Greenville, SC 29603-0585

Macy's
Acct No 441042XXXXXX
PO Box 78008
Phoenix, AZ 85062-8008

Macy's
Acct No 441042XXXXXX
PO Box 78029
Phoenix, AZ 85062-8029

Macy's
Acct No 441042XXXXXX
PO Box 9001094
Louisville, KY 40290-1094

Macys/DSNB
Acct No 441042XXXXXX
PO Box 8218
Mason, OH 45040-8218

Macys/DSNB
Acct No 441042XXXXXX
PO Box 8218
Mason, OH 45050

Macys/DSNB
Acct No 441042XXXXXX
PO Box 8061
Mason, OH 45040-8061

Portfolio Recovery Assoc
Acct No 585637XXXXXXXXXXXX
Riverside Commerce Center
120 Corporate Blvd - Suite #100
Norfolk, VA 23502-4962

Progressive Claims
Acct No Claim No. 18-4900546 loss date
Claim No. 18-4900546 loss date: 12/29/20
P O Box 512929
Los Angeles, CA 90051

Progressive Claims Claim No. 18-4900546
Acct No 18-4900546
Attn: MONET IRBY Loss date: 12/29/2017
P O Box 512929
Los Angeles, CA 90051

Progressive Claims Claim No. 18-4900546
Acct No 18-4900546
Attn: MONET IRBY Loss date: 12/29/2017
Subrogation Payment Processing Center
24344 Network Place
Chicago, IL 60673-1243

Progressive Leasing
Acct No 15198
256 West Data Drive
Draper, UT 84020

Progressive Leasing
Acct No 15198
256 West Data Drive
Draper, UT 84020

Rapid Cash
Acct No xxx610X
PO Box 780408
Wichita, KS 67278

Rapid Cash
Acct No xxx610X
PO Box 101928
Dept. 2280
Birmingham, AL 35210

Rapid Cash
Acct No xxx610X
4921 West Sahara Avenue
Las Vegas, NV 89146

Rapid Cash
Acct No xxx610X
5676 South Eastern Ave
Las Vegas, NV 89119

Resurgent Capital Svcs
Acct No 517805XXXXXXXXXXXX
P O Box 1269
Greenville, SC 29602

Resurgent Capital Svcs
Acct No 517805XXXXXXXXXXXX
P O Box 10390
Greenville, SC 29603-0390

Sprint
Acct No 741283
P O Box 7949
Overland Park, KS 66207-0949

Sprint
Acct No 741283
234 Airport Plaza Blvd - Suite 4
Farmingdale, NY 11735

Sprint . Enhanced Recovery
Acct No 741283
8014 BayBerry Road
Jacksonville, FL 32256

St. Rose Dominican -
Acct No xxxx6893
P O Box 101072
Pasadena, CA 91189-1072

St. Rose Dominican -
Acct No xxxx6893
3001 St. Rose Pkwy
Henderson, NV 89052

St. Rose Dominican - De Lima
Acct No xxxx6893
P O Box 57124
Los Angeles, CA 90074-7124

Sun Loan
Acct No ruiz xxxxx
1008 East Charleston Blvd - Suite 4
Las Vegas, NV 89104

Sun Loan
Acct No ruiz xxxxx
2470 E. Tropicana Avenue - Suite F
Las Vegas, NV 89121

Sun Loan
Acct No ruiz xxxxx
4755 West Flamingo Road - Suite B
Las Vegas, NV 89103

Sun Loan
Acct No ruiz xxxxx
2470 E. Tropicana Avenue
Las Vegas, NV 89121

Sun Loan
Acct No ruiz xxxxx
1600 N. Nellis, Ste. 104
Las Vegas, NV 89115

SUNRISE CREDIT SERVICES
Acct No 741283XXX
234 AIRPORT PLAZA BLVD
Suite 4
Farmingdale, NY 11735

SUNRISE CREDIT SERVICES
Acct No XXXXXXXXXXXXXXXXXXXXXXXXXX
234 AIRPORT PLAZA BLVD
Suite 4
Farmingdale, NY 11735

SYNCB/JC PENNEYS
Acct No 600889XXXXXXXXXXXX
PO Box 965007
Orlando, FL 32896

SYNCB/JC PENNEYS
Acct No 600889XXXXXXXXXXXX
PO Box 965036
Orlando, FL 32896

SYNCB/JC PENNEYS
Acct No 600889XXXXXXXXXXXX
PO Box 965036
Orlando, FL 32896-5036

SYNCB/JC PENNEYS
Acct No 600889XXXXXXXXXXXX
PO Box 960090
Orlando, FL 32896-0090

SYNCB/JC PENNEYS
Acct No 600889XXXXXXXXXXXX
PO Box 965009
Orlando, FL 32896-5009

SYNCB/Sam's Club
Acct No XXXXXXXXXXXXXXXXXX
PO Box 965036
Orlando, FL 32896-5036

SYNCB/Sam's Club
Acct No XXXXXXXXXXXXXXXXXX
PO Box 965005
Orlando, FL 32896

SYNCHRONY BANK
Acct No 600889XXXXXXXXXXXX
P O Box 965036
Orlando, FL 32896

Synchrony Bank
Acct No 600889XXXXXXXXXX
c/o PRA Receivables Management
PO Box 41021
Norfolk, VA 23541

SYNCHRONY BANK
Acct No 600889XXXXXXXXXX
P O Box 965015
Orlando, FL 32896

SYNCHRONY BANK
Acct No 600889XXXXXXXXXX
P O Box 965036
Orlando, FL 32896-8254

Title Max Title Loans
Acct No Ruiz Amparo
1225 E Charleston Blvd
Las Vegas, NV 89104

UMC SOUTHERN NEVADA
Acct No 397610XXXX
1800 W CHARLESTON BLVD
LAS VEGAS, NV 89102

UMC SOUTHERN NEVADA
Acct No 397610XXXX
417 Bridge Street
Danville, VA 24541-1403

UMC SOUTHERN NEVADA
Acct No 397610XXXX
1800 W CHARLESTON BLVD
LAS VEGAS, NV 89102-2329

UMC SOUTHERN NEVADA
Acct No 397610
1800 W CHARLESTON BLVD
LAS VEGAS, NV 89102

UMC SOUTHERN NEVADA
Acct No 397610
417 Bridge Street
Danville, VA 24541-1403

UMC SOUTHERN NEVADA - Customer Service
Acct No 397610XXXX
901 Rancho Lane - Suite 100
LAS VEGAS, NV 89102-2329

UMC SOUTHERN NEVADA - Customer Service
Acct No 397610
901 Rancho Lane - Suite 100
LAS VEGAS, NV 89102-2329

University Medical Center
Acct No 397610
P O Box 749556
Los Angeles, CA 90074-9556

University Medical Center
Acct No 397610XXXX
P O Box 749556
Los Angeles, CA 90074-9556

University Medical Center EMPG
Acct No 397610XXXX
P O Box 749556
Los Angeles, CA 90074-9556

University Medical Center EMPG
Acct No 397610
P O Box 749556
Los Angeles, CA 90074-9556

Victoria Secrets
Acct No 585637XXXXXXXXXX
P O Box 182125
Columbus, OH 43218

Victoria Secrets
Acct No 585637XXXXXXXXXX
P O Box 182125
Columbus, OH 43218

Victoria Secrets
Acct No 585637XXXXXXXXXX
P O Box 182789
Columbus, OH 43218

Victoria Secrets/ADS/COMENITY
Acct No 585637XXXXXXXXXX
P O Box 182787
Columbus, OH 43218